

**KANSAS RACING AND GAMING COMMISSION**

700 SW Harrison, Suite 420  
Topeka, Kansas 66603-3754  
(785) 296-5800

**JOCKEY AGENT AGREEMENT FORM**

License Year: \_\_\_\_\_

Date: \_\_\_\_\_

**TO THE KANSAS RACING AND GAMING COMMISSION:**

I, have this date appointed \_\_\_\_\_  
(Print Name of Jockey Agent)

of \_\_\_\_\_  
(Street Address or Box No.) (City) (State) (Zip)

to act for me, pertaining to my services as a Jockey under the Rules and Regulations adopted by the Kansas Racing and Gaming Commission.

It is hereby understood that I assume full responsibility for the acts of my Jockey Agent in connection with this authority.

This appointment may be cancelled by either party upon written notice filed with the Kansas Racing and Gaming Commission and presentation of the Jockey Agent's license to the Commission.

**ACKNOWLEDGEMENT**

\_\_\_\_\_  
Jockey's Name (Please Print)

\_\_\_\_\_  
Date of Birth      Age      KRGC License

\_\_\_\_\_  
Jockey's Signature

\_\_\_\_\_  
Parent or Legal Guardian Signature

State of \_\_\_\_\_ )

County of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

(My Commission Expires: \_\_\_\_\_)

\_\_\_\_\_  
Notary Public